

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/774 093

FILING DATE  
10-3-01

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2		1		
3	1			
4		1		
5	1			
6		1		
7	1			
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50				
TOTAL ID.	4			
TOTAL EP.	26			
TOTAL CLAIMS	30			

IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL					

BEST AVAILABLE COPY